LEAD RISK ASSESSMENT QUESTIONNAIRE
NC Department of Environment and Natural Resources Division of Environmental Health

Purpose: For clinical use to identify children who need to be screened for lead poisoning. All children should be screened at both 12 and 24 months of age (or at the time of the clinic visit closest to those ages). If there is an answer yes or I don’t know to any of the five screening questions or live in a zip code that is considered high risk for potential lead exposure the patients should receive a blood lead test.

Patient Name: _______________________
Age: ______________________________________
Residential Zip Code: _______________________

Does your child:
1. Receive Women, Infants, and Children (WIC) Program Services or is your child enrolled in Medicaid (Health Check) or Health Choice? (Yes/No)
2. Live in or regularly visit a house that was built before 1950, including home child care centers or homes of relatives? (Yes/No)
3. Live in or regularly visit a house that was built before 1978 with recent or ongoing renovations or remodeling (within the last 6 months)? (Yes/No)
4. Live in or regularly visit a house that contains vinyl mini-blinds? (Yes/No)
5. Have a brother, sister, other relative, housemate or playmate who has or has had a high blood lead level? (Yes/No)

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TB SCREENING QUESTIONNAIRE
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1. Has a family member or close contact had Tuberculosis disease? (Yes/No)
2. Has a family member had a positive skin test? (Yes/No)
3. Was your child born in a high risk country*? (Yes/No)
   a. If yes please indicate country ___________________
4. Has your child traveled to/had contact with resident populations of a high risk country for more than one week? (Yes/No)

*High risk countries DO include Asia, Middle East, Africa, Latin America and countries of the former Soviet Union.

*High risk countries DO NOT include the US, Canada, Australia, New Zealand, or Western European countries.